

Childhood Grief and Traumatic Loss

Restoring Joy to Children and Families

DMH

Registration Form

Please complete and mail this form to ICAN at the address listed below.

1. Los Angeles County Employee Number: _____
- First Name: _____ Last Name: _____
- Program/Unit: _____ Title: _____
- Street Address _____
- City _____ State _____ Zip: _____
- Phone _____ Email: _____
- Print Supervisor Name/Supervisor **Signature** _____

2. **Workshop Sessions**

Please identify your 1st, 2nd & 3rd workshop choices for each of the sessions by placing the appropriate workshop number in the spaces provided.

(To view the registration booklet & workshop descriptions, please visit www.ican4kids.org and click on *Grief Conference Registration*)

Conference: Wednesday, March 17, 2010

Session I	1 st _____	2 nd _____	3 rd _____
Session II	1 st _____	2 nd _____	3 rd _____
Session III	1 st _____	2 nd _____	3 rd _____

3. I am requesting **CEUs** (LCSW / LMFTs only): _____
- LCSW / LMFT License Number (Required)*

* [Important notice about CEUs on page 4 of the registration booklet]

4. **Special Needs (Please note that this information must be received by February 24, 2010):**

- ☐ Vegetarian Lunch
- ☐ American Sign Language (ASL) Interpreter

5. **Conference Fee**

DMH employees will be required to mail a check for \$25 along with this registration form DIRECTLY TO ICAN AT THE ADDRESS BELOW. Please make check payable to ICAN Associates. SPACE IS LIMITED AND ON A FIRST COME FIRST SERVE BASIS.

Confirmation of your registration will be sent to you via email after your registration form and check have been received by ICAN.

For more information about DMH registration,
Please contact Patricia Lopez White at (213) 251-6873 or plopezwhite@dmh.lacounty.gov

Please mail this form with your payment to:

ICAN Associates
4024 N. Durfee Ave.
El Monte, CA 91732